

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

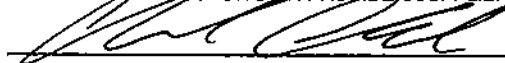
454 12/01/12

| | | | | | |
|--|--|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 281 SS-D | <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to notify the physician of the results of a culture and sensitivity test resulting in a delay in treatment for one resident (#3) of seventeen residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on February 12, 2009, with diagnoses including Lewy Body Dementia and Late Effects of Cerebrovascular Accident, including Dysphagia.</p> <p>Observation of the resident each day from August 15-17, 2012, revealed the resident was out of the room for breakfast, then moved with ease around the facility, peddling the Broda chair from the front lobby to the common areas.</p> <p>Medical record review revealed the resident had a PEG (percutaneous enteral gastrostomy) tube and received the required daily nutrition from bolus tube feedings. Continued medical record review revealed the PEG tube had drainage from the exit site and was sampled on June 28, 2012. Medical record review revealed the sample tested positive for MRSA (Methicillin Resistant Staphylococcus Aureus) on June 30, 2012, and fourteen days of antibiotic treatment was initiated on June 30, 2012.</p> | F 281 | <p><u>Disclaimer for Plan of Correction</u></p> <p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Johnson City of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Johnson City files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p> <p>F 281</p> <p>Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

10/29/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 281 | Continued From page 1 Medical record review revealed drainage from the PEG tube exit site was cultured a second time on August 8, 2012. Continued medical record review revealed the culture results accompanied by the sensitivity report (C&S report) were reported to the facility on August 10, 2012. The drainage tested positive a second time for MRSA. Review of the Nurse's notations on the C&S report revealed the results were not reported to the physician until August 13, 2012, (three days later) when an antibiotic was ordered to be administered for the next thirty days. Interview in the conference room, with the Director of Nurses, on October 16, 2012, at 2:40 p.m., confirmed three days elapsed before the C&S results were called to the physician and resulted in a delay in treatment for an infection with MRSA. | F 281 | <u>Corrective Actions for Targeted Residents</u> MD was notified on 8/13/12 of lab results for Resident #3 that were reported to the facility on 8/10/12. On 8/13/12, Resident #3 was ordered an antibiotic regimen and placed on isolation precautions by the MD based on these results. <u>Identification of Other Residents with Potential to be Affected</u> Residents in the facility receiving Lab Services have a potential to be affected by this practice. Facility Lab Calendar was reviewed by the ADON on 9/17/12 to ensure MD had been notified of any residents' pending lab results up until that date; all notifications had been completed timely and documented. | | |
| F 505 SS=D | 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician of the results of a culture and sensitivity test one resident (#3) of seventeen residents reviewed. The findings included: Resident #3 was admitted to the facility on February 12, 2009, with diagnoses including Lewy | F 505 | In-service was held on 10/19/12 by the DON for licensed nursing staff regarding the importance of timely MD notification of lab results and the process by which to accomplish this. This in-service will be repeated on 11/2/12 by the DON for licensed nursing staff regarding the importance of timely MD notification of lab results and the process by which to accomplish this. Newly-hired nurses will receive this lab and MD notification training during their orientation period. | | |

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|--|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 281 | Continued From page 1 Medical record review revealed drainage from the PEG tube exit site was cultured a second time on August 8, 2012. Continued medical record review revealed the culture results accompanied by the sensitivity report (C&S report) were reported to the facility on August 10, 2012. The drainage tested positive a second time for MRSA. Review of the Nurse's notations on the C&S report revealed the results were not reported to the physician until August 13, 2012, (three days later) when an antibiotic was ordered to be administered for the next thirty days. Interview in the conference room, with the Director of Nurses, on October 16, 2012, at 2:40 p.m., confirmed three days elapsed before the C&S results were called to the physician and resulted in a delay in treatment for an infection with MRSA. | F 281 | <u>Systematic Changes</u> The contracted laboratory for the facility was notified on 10/17/12 by the DON that, in the future, all Residents' lab results are to be auto-faxed to the facility by 2:00 pm on a daily basis. Laboratory will also provide User Passwords to licensed staff by 11/1/12 to enable them to obtain the lab results themselves, as appropriate. A duplicate lab order will be placed in a labeled basket for "Pending Labs," such as labs that require more than 24 hours to receive results. These baskets will be at both Nurse's Stations for follow-up every shift. When pending results have been obtained, the MD will be notified of these results the same day. This program will be overseen by the Assessment Nurse for timely MD notification of lab results. | |
| F 505 SS=D | 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician of the results of a culture and sensitivity test one resident (#3) of seventeen residents reviewed. The findings included: Resident #3 was admitted to the facility on February 12, 2009, with diagnoses including Lewy | F 505 | <u>Monitoring</u> A weekly audit for pending lab results will be performed by the Assessment Nurse for three months, then monthly for three months, to ensure timely MD notification. These audits will be presented to the monthly Performance Improvement Committee for review and recommendations for on-going compliance. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, | |

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 281 | Continued From page 1 Medical record review revealed drainage from the PEG tube exit site was cultured a second time on August 8, 2012. Continued medical record review revealed the culture results accompanied by the sensitivity report (C&S report) were reported to the facility on August 10, 2012. The drainage tested positive a second time for MRSA. Review of the Nurse's notations on the C&S report revealed the results were not reported to the physician until August 13, 2012, (three days later) when an antibiotic was ordered to be administered for the next thirty days. Interview in the conference room, with the Director of Nurses, on October 16, 2012, at 2:40 p.m., confirmed three days elapsed before the C&S results were called to the physician and resulted in a delay in treatment for an infection with MRSA. | F 281 | Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. | | 11/30/12 |
| F 505 SS=D | 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician of the results of a culture and sensitivity test one resident (#3) of seventeen residents reviewed. The findings included: Resident #3 was admitted to the facility on February 12, 2009, with diagnoses including Lewy | F 505 | <u>F505</u> Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: <u>Corrective Actions for Targeted Residents</u> MD was notified on 8/13/12 of lab results for Resident #3 that were reported to the facility on 8/10/12. On 8/13/12, Resident #3 was ordered an antibiotic regimen and placed on isolation precautions by the MD based on these results. <u>Identification of Other Residents with Potential to be Affected</u> Residents in the facility receiving Lab Services have a potential to be affected by this practice. Facility Lab Calendar was reviewed by the ADON on 9/17/12 to ensure MD had been notified of any | | |

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 505 | <p>Continued From page 2</p> <p>Body Dementia and Late Effects of Cerebrovascular Accident, including Dysphagia.</p> <p>Medical record review revealed the resident had a PEG (percutaneous enteral gastrostomy) tube and received the required daily nutrition from bolus tube feedings. Continued medical record review revealed the PEG tube had drainage from the exit site and was sampled on June 28, 2012. Medical record review revealed the sample tested positive for MRSA (Methicillin Resistant Staphylococcus Aureus) on June 30, 2012, and fourteen days of antibiotic treatment was initiated on June 30, 2012.</p> <p>Medical record review revealed drainage from the PEG tube exit site was cultured a second time on August 8, 2012. Continued medical record review revealed the culture results accompanied by the sensitivity report (C&S report) were reported to the facility on August 10, 2012. The drainage tested positive a second time for MRSA. Review of the Nurse's notations on the C&S report revealed the results were not reported to the physician until August 13, 2012, (three days later) when an antibiotic was ordered to be administered for the next thirty days.</p> <p>Interview in the conference room, with the Director of Nurses, on October 16, 2012, at 2:40 p.m., confirmed three days elapsed before the C&S results were called to the physician.</p> | F 505 | <p>residents' pending lab results up until that date; all notifications had been completed timely and documented.</p> <p>In-service was held on 10/19/12 by the DON for licensed nursing staff regarding the importance of timely MD notification of lab results and the process by which to accomplish this. This in-service will be repeated on 11/2/12 by the DON for licensed nursing staff regarding the importance of timely MD notification of lab results and the process by which to accomplish this. Newly-hired nurses will receive this lab and MD notification training during their orientation period.</p> <p><u>Systematic Changes</u></p> <p>The contracted laboratory for the facility was notified on 10/17/12 by the DON that, in the future, all Residents' lab results are to be auto-faxed to the facility by 2:00 pm on a daily basis. Laboratory will also provide User Passwords to licensed staff by 11/1/12 to enable them to obtain the lab results themselves, as appropriate. A duplicate lab order will be placed in a labeled basket for "Pending Labs," such as labs that require more than 24 hours to receive results. These baskets will be at both Nurse's Stations for follow-up every shift. When pending results have been obtained, the MD will be notified of these results the same day. This program will be overseen by the Assessment Nurse for timely MD notification of lab results.</p> | | |

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|---|--|----------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/17/2012 |
| NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 505 | <p>Continued From page 2</p> <p>Body Dementia and Late Effects of Cerebrovascular Accident, including Dysphagia.</p> <p>Medical record review revealed the resident had a PEG (percutaneous enteral gastrostomy) tube and received the required daily nutrition from bolus tube feedings. Continued medical record review revealed the PEG tube had drainage from the exit site and was sampled on June 28, 2012. Medical record review revealed the sample tested positive for MRSA (Methicillin Resistant Staphylococcus Aureus) on June 30, 2012, and fourteen days of antibiotic treatment was initiated on June 30, 2012.</p> <p>Medical record review revealed drainage from the PEG tube exit site was cultured a second time on August 8, 2012. Continued medical record review revealed the culture results accompanied by the sensitivity report (C&S report) were reported to the facility on August 10, 2012. The drainage tested positive a second time for MRSA. Review of the Nurse's notations on the C&S report revealed the results were not reported to the physician until August 13, 2012, (three days later) when an antibiotic was ordered to be administered for the next thirty days.</p> <p>Interview in the conference room, with the Director of Nurses, on October 16, 2012, at 2:40 p.m., confirmed three days elapsed before the C&S results were called to the physician.</p> | F 505 | <p><u>Monitoring</u></p> <p>A weekly audit for pending lab results will be performed by the Assessment Nurse for three months, then monthly for three months, to ensure timely MD notification. These audits will be presented to the monthly Performance Improvement Committee for review and recommendations for on-going compliance. This Committee consists of the Administrator, Consultant Pharmacist, Medical Director, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Housekeeping/ Laundry Supervisor, MDS/Care Plan Coordinator, Social Services Director, Clinical Records Supervisor, Dietary Manager, and Activities Director.</p> | 11/30/12 | |

OCT 30 2012